

LOCAL CODE										F	
UNIT # TOWED (Y/N) REMOVED TO: # OCCUPANTS MASTER FILE NUMBER										1st 2nd	
OPERATOR'S LIC. NO. STATE KY <input type="checkbox"/>										PEDESTRIAN FACTORS	
OPERATOR'S LICENSE RESTRICTIONS (Y/N) COMP (Y/N) CO. RES. (Y/N)										<input type="checkbox"/> APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> PHYSICAL IMPAIRMENT	
CDL (Y/N) OWNER (Y/N)										<input type="checkbox"/> AT INTERSECTION <input type="checkbox"/> GETTING ON/OFF VEHICLE <input type="checkbox"/> PLAYING IN ROADWAY	
OPERATOR LAST NAME FIRST NAME M.I.										<input type="checkbox"/> CROSSING AGAINST SIGNAL <input type="checkbox"/> IN CROSSWALK <input type="checkbox"/> PUSHING VEHICLE	
DATE OF BIRTH STREET NUMBER AND NAME CITY STATE ZIP CODE										<input type="checkbox"/> CROSSING WITH SIGNAL <input type="checkbox"/> JOGGING <input type="checkbox"/> SKATING/SKATEBOARDING	
										<input type="checkbox"/> DARK CLOTHING/NOT VISIBLE <input type="checkbox"/> LYING IN ROADWAY <input type="checkbox"/> WALKING IN ROADWAY	
										<input type="checkbox"/> DARTING INTO ROAD <input type="checkbox"/> NOT AT INTERSECTION <input type="checkbox"/> WORKING IN ROADWAY	
										<input type="checkbox"/> DRINKING <input type="checkbox"/> NOT IN ROADWAY <input type="checkbox"/> WORKING ON VEHICLE	
INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP										DATE OF BIRTH DATE OF DEATH	
NAME										14 15 16 17 18 19 20 21 22 23	
ADDRESS											
NAME											
ADDRESS											
NAME											
ADDRESS											
NAME											
ADDRESS											
NAME											
ADDRESS											
NAME											
ADDRESS											
VEHICLE YEAR MAKE MODEL TYPE STATE REGISTRATION NUMBER YEAR											
VEHICLE ID. NUMBER VEHICLE INSURED (Y/N) NAME OF INSURANCE CO. COLOR OF VEHICLE											
1ST AREA OF CONTACT COMBINATION VEHICLE EXTENT OF DAMAGE										AIR BAG SWITCH TRAVEL DIRECTION	
<input type="checkbox"/> VERY MINOR <input type="checkbox"/> SEVERE										<input type="checkbox"/> ON <input type="checkbox"/> NOT PRESENT	
<input type="checkbox"/> MINOR <input type="checkbox"/> VERY SEVERE										<input type="checkbox"/> OFF	
<input type="checkbox"/> MINOR/MOD <input type="checkbox"/> OTHER PROPERTY										<input type="checkbox"/> (N) (S) (E) (W)	
<input type="checkbox"/> MODERATE <input type="checkbox"/> NO DAMAGE										ESTIMATED TRAVEL SPEED	
<input type="checkbox"/> MOD/SEVERE <input type="checkbox"/> UNKNOWN										BETWEEN & MPH	
COMMERCIAL VEH. HAZ. CARGO HAZ. CARGO SPILL HAZ. CARGO CODE TYPE CARGO/COMMODITY NAS SAFETY REPORT #										CRASH AVOIDANCE (Fatal Only)	
<input type="checkbox"/> SINGLE NO. AXLES NO. TRAILERS US DOT # ICC MC #										<input type="checkbox"/> BRAKING (NO SKIDMARKS; DRIVER STATED)	
GVWR TOTAL MOTOR CARRIER NAME										<input type="checkbox"/> BRAKING (SKIDMARKS EVIDENT)	
MOTOR CARRIER ADDRESS CARRIER NAME SOURCE										<input type="checkbox"/> BRAKING (OTHER REPORTED EVIDENCE)	
<input type="checkbox"/> DRIVER <input type="checkbox"/> SHIPPING PAPERS (TRUCK) OR TRIP MANIFEST (BUS) <input type="checkbox"/> SIDE OF VEHICLE										<input type="checkbox"/> NO AVOIDANCE MANEUVER REPORTED	
<input type="checkbox"/> LOG BOOK <input type="checkbox"/> SINGLE STATE REGISTRATION										<input type="checkbox"/> OTHER AVOIDANCE MANEUVER	
VIOLATION CODES CITATION NUMBER CASE NUMBER SUSPECTED DRINKING DRIVER (Y/N) METHOD OF DETERMINATION										MOST HARMFUL EVENT	
<input type="checkbox"/> FIELD SOBRIETY TEST <input type="checkbox"/> P.B.T.										<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	
<input type="checkbox"/> OBSERVATION <input type="checkbox"/> OTHER											
TEST OFFERED CHEMICAL TEST: TESTED FOR: TAKEN BY SENT TO RESULTS PAGE OF PAGES											
<input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS											
<input type="checkbox"/> BREATH <input type="checkbox"/> REFUSED											